

UNITED STATES DISTRICT COURT  
FOR THE  
DISTRICT OF MASSACHUSETTS

C.A. 04-30177-KPN

JOEL PENTLARGE,

Plaintiff,

vs.

ROBERT MURPHY,  
KATHLEEN DENNEHY,  
THE MASSACHUSETTS DEPARTMENT OF CORRECTION  
NATALYA PUSHKINA, and  
DEBORAH O'DONNELL,

Defendants.

Certificate of Service  
OF NOTICE OF LAW SUIT AND  
REQUEST FOR WAIVER OF SERVICE OF SUMMONS

I, Joel Pentlarge, state under the pains and penalties of perjury that I have served the following:

1. A copy of the complaint,
2. A copy of the amended complaint,
3. A copy of the proposed supplemental complaint and the motion to supplement the complaint,
4. A copy of the Plaintiff's motion for preliminary injunction,
5. A Notice of Lawsuit and Request for Waiver of Service of Summons, a Waiver of Service of Summons form and a self addressed stamped envelope,

to each of the persons listed below by certified mail, return receipt requested, which were received on the dates shown the return receipts which are attached hereto:

Robert Murphy, Superintendent  
Nemansket Correctional Center  
30 Administration Rd.  
Bridgewater, MA 02324      received on September 25, 2004

Kathleen Dennehy, Commissioner  
Mass. Department of Correction  
50 Maple St.  
Milford, MA 01757      received on September 27, 2004

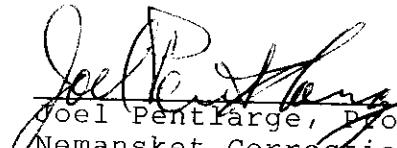
Attorney General Thomas Reilly  
One Ashburton Place  
Boston, MA 02108      received on September 27, 2004

Natalya Pushkina, Librarian  
Nemansket Correctional Center  
30 Administration Rd.  
Bridgewater, MA 02324      received on October 13, 2004

Deborah O'Donnell, Director of Rehabilitation  
Nemansket Correctional Center  
30 Administration Rd.  
Bridgewater, MA 02324      received on October 13, 2004.

I have also served each of the defendants with the  
Notification and Consent to Proceed Before a U.S. Magistrate  
Judge.

Signed under the pains and penalties of perjury this  
20th day of October, 2004.

  
Joel Pentlarge, Pro Se  
Nemansket Correctional Center  
30 Administration Rd.  
Bridgewater, MA 02324

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Superintendent Robert Murphy  
Nem. Cor. Cen.  
30 Administration Rd.  
Bridgewater, MA 02324

**COMPLETE THIS SECTION ON DELIVERY****A. Signature****X****B. Received by (Printed Name)****C. Date of Delivery**

9/25

**D. Is delivery address different from item 1?****Yes**

If YES, enter delivery address below:

**No****2. Article Number**

(Transfer from service label)

7003 1010 0002 6838 1477

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Comm. Kathleen Denney  
Mass. Dept. of Corr.  
50 Maple St.  
Milford, MA 01757

**COMPLETE THIS SECTION ON DELIVERY****A. Signature****X****B. Received by (Printed Name)****C. Date of Delivery**

9/27/01

**D. Is delivery address different from item 1?****Yes**

If YES, enter delivery address below:

**No****3. Service Type**

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

**4. Restricted Delivery? (Extra Fee)****Yes****2. Article Number**

(Transfer from service label)

7003 1010 0002 6838 1484

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

A.G. Thomas Reilly  
One Ashburton Place  
Boston, MA 02108

## 2. Article Number

(Transfer from service label)

7003 1010 0002 6838 1460

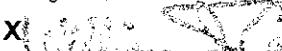
PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X  Agent Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

## 3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Is your RETURN ADDRESS completed on the reverse side?

## SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

## 3. Article Addressed to:

Natalya Pushkina, Lib.  
Nemansket Corr. Center  
30 Administration Rd.  
Bridgewater, MA 02324

## 5. Signature (Addressee)

## 6. Signature (Agent)

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

## 4a. Article Number

0350169 177 708

## 4b. Service Type

Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

## 7. Date of Delivery

## 8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side?

## SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

## 3. Article Addressed to:

Deborah O'Donnell  
Nemansket Corr. Center  
30 Administration Rd.  
Bridgewater, MA 02324

## 5. Signature (Addressee)

## 6. Signature (Agent)

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

## 4a. Article Number

P 150 758 331

## 4b. Service Type

Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

## 7. Date of Delivery

## 8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.